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CONFIRMATION NO. 4637

Bib Data Sheet

SERIAL NUMBER 10/685,236	FILING DATE 10/14/2003 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. P-9716.02
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APPLICANTS

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** CONTINUING DATA ****

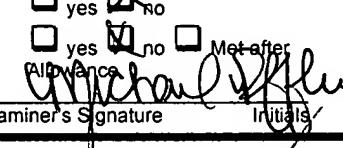
This application is a CON of 10/132,392 04/24/2002 PAT 6,663,627

MP

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/26/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature  Initials /	MN	11	19	3

ADDRESS

27581
 MEDTRONIC, INC.
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 MINNEAPOLIS, MN
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TITLE

Ablation system and method of use

All Fees
 1.16 Fees (Filing)

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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